Date:

UNITED STATES DISTRICT COURT

for the

•	Southern I	District of New York
Nutrimost, I	LLC)
Plaintiff Plaintiff))) Civil Action No. 15 Cv. 100 33
ν.) Civil Action No. /3 (V. /00 32
Healthy Living Nutrition, LLC and Pat Hall))
Defendant		ý
	SUMMONS	IN A CIVIL ACTION
To: (Defendant's name and address)	Healthy Living Nutrition c/o Pat Hall 1333A North Avenue, S New Rochelle, NY 1086	Suite 553
A lawsuit has been filed	d against you.	
are the United States or a United P. 12 (a)(2) or (3) — you must sthe Federal Rules of Civil Process whose name and address are:	d States agency, or an of serve on the plaintiff an edure. The answer or me	n you (not counting the day you received it) — or 60 days if you fficer or employee of the United States described in Fed. R. Civ. answer to the attached complaint or a motion under Rule 12 of otion must be served on the plaintiff or plaintiff's attorney,
	Judith A. Lockhart Carter Ledyard & Milbu 2 Wall Street New York, NY 10005 212-238-8603	rn LLP
If you fail to respond, ju You also must file your answer	adgment by default will or motion with the cour	be entered against you for the relief demanded in the complaint.
		CLERK OF COURT

Signature of Clerk or Deputy Clerk

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Additional information regarding attempted service, etc:

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

	This summons for (nan	ne of individual and title,	if any)					
was re	eceived by me on (date)		•					
	☐ I personally served	the summons on the	individual at (place)					
	On (date)				; or			
	☐ I left the summons at the individual's residence or usual place of abode with (name)							
	, a person of suitable age and discretion who resides there,							
	on (date) , and mailed a copy to the individual's last known address; or							
	☐ I served the summo	I served the summons on (name of individual)						
	designated by law to accept service of process on behalf of (name of organization)							
		on (date)	; or					
	☐ I returned the summ	; or						
	☐ Other (specify):							
	My fees are \$	for travel an	d\$	for services, for a total of \$	0.00			
	I declare under penalty of perjury that this information is true.							
Date:			Server's signature					
Printed name and title								
		_						
				Server's address				